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CONFIRMATION NO. 5378

<b>SERIAL NUMBER</b> 10/611,671	<b>FILING OR 371(c) DATE</b> 07/02/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> 034536-0407
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/393,600 07/05/2002 and claims benefit of 60/460,053 04/04/2003

x2 10/20/06

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None

x2 10/20/06

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/15/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 103	<b>INDEPENDENT CLAIMS</b> 54
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>				

## ADDRESS

22428

## TITLE

GEF-H1b: biomarkers, complexes assays and therapeutic uses thereof

<b>FILING FEE RECEIVED</b> 7196	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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